

# MEETING MINUTES

## North Dakota Mental Health and Substance Abuse Planning Council Quarterly Meeting July 23-24, 2014

Members Present: Jodi Stittsworth, Carlotta McCleary, Lynden Ring, Darin Albert, Tim Wicks, Nancy McKenzie, Tonya Sorenson, Michelle Gayette, Delores Hummel, Derek Solberg, Gail Schauer, Denise Harvey (for Teresa Larsen), Kim Osadchuk, Carl Young, Siobhan Deppa, Jeff Olson, Deb Johnson, Deb Jendro, JoAnne Hoesel

Staff Members Present: Lauren Sauer, Susan Wagner, Tammy Falk, Pam Sagness

Introductions: Members introduced themselves.

Approval of Minutes: Michelle Gayette moved to accept the minutes as written. Carlotta McCleary seconded. Motion carried.

Additions to the Agenda: Denise Harvey asked for the following additions: Discussion concerning minute taking, discuss qualifications for Council Chair, behavioral healthcare study.

Public comment: Three members of the public present, no public comments were provided.

Identifying a Nominating Committee for Council Officers: Carl Young and Teresa Larsen were identified to serve as the Nominating Committee. Denise Harvey suggested that the Council look at the qualifications of the chair. Carlotta McCleary noted that the Council has looked for officers that are family members or consumers. Pam Sagness suggested that the Nominating Committee develop a list of qualifications for the officers. Carlotta McCleary moved to accept the make-up of the Nominating Committee and to task the committee with developing guidelines to use when identifying a slate of officers. Jodi Stittsworth seconded. Motion carried. Lauren Sauer will assist the Nominating Committee with their activities.

Review/Approval of Applications for Membership: There were no applications received since the last meeting. The following vacancies exist: Family member of a veteran, two youth consumers, adult in recovery from substance use disorder.

Krista Fremming – ND Dept. of Health: Feedback from Council on strategies to enhance tobacco dependence treatment for individuals diagnosed with a serious mental illness or substance use disorder: Please refer to attached presentation.

Consumer and Family Network Report: Siobhan Deppa provided an overview of the Consumer and Family Network (CFN) activities. The group recently held their annual conference at the Ramada Inn. A CFN Council retreat was also held. They discussed

becoming a stronger presence and are planning to hold a “Meet and Greet” with legislators at all of the recovery centers. The CFN will be monitoring legislation closely this session and will be advocating for full funding for the peer support program. The CFN is looking for grants to establish a warm line and is in the process of creating a brochure.

Prevention System in North Dakota Presentation: Pam Sagness, Substance Abuse Lead with the Division of Mental Health and Substance Abuse Services, provided an overview of the prevention system in North Dakota.

Recovery Center Updates: Recovery Centers are seeing more homeless individuals coming to the Recovery Centers. They were encouraged to access the PATH Coordinators at each human service center if needing technical assistance on homeless issues. Tammy went through the results of a survey of the Recovery Center members. The survey will be emailed to the Council.

Council Website: Lauren Sauer asked if there were any requests for additional information to be placed on the website. Council members are reminded that they can submit requests for information to be placed on the Council website to Lauren at any time.

Division Report: Please refer to the attached report.

Behavioral Health Study Report: JoAnne provided an overview of the final report. The Chair created a subcommittee to review the report and make recommendations. The subcommittee will submit the recommendations to the full Council electronically for voting. The subcommittee will consist of Carlotta McCleary, Deb Johnson, Teresa Larsen, Gail Schauer, Siobhan Deppa. Lauren Sauer will coordinate to set up a conference call.

Council Strategic Plan: Tabled to the October meeting.

Development of Letter to Department for Budget Building: The Council officers drafted a letter to be sent to the Department of Human Services with recommendations to consider during budget building. The Council reviewed the draft and recommended changes. Carlotta McCleary moved to accept the draft with changes made. Carl Young seconded. Motion carried.

Agenda for the October Meeting:

- Introductions
- Approval of the Minutes
- Additions to the Agenda
- Public Comment
- Election of Officers
- Review/Approval of Application for Membership



- Strategic Planning/Review of the Data: Lauren Sauer facilitation
- Consumer and Family Network Report: Siobhan Deppa
- Medicaid Expansion
- Legislative Session and Council advocacy plans
- Subcommittee report concerning behavioral health study
- Recovery Center Updates: Tammy Falk
- Council Website
- Division Report
- Other Business
- Agenda for the January Meeting
- Adjourn

Next Meeting: October 23, 2014 all day (9am start).

Adjourn: The Council adjourned at 11:45am.

## Tobacco Dependence Treatment for Individuals with Mental Illness and Substance Abuse Disorders

ND Mental Health and Substance Abuse  
Planning Council Meeting - July 2014

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### Scope of the Problem

**1 in 3**  
More than 1 in 3 adults (36%) with a mental illness smoke cigarettes, compared with about 1 in 5 adults (21%) with no mental illness.

**3 in 10**  
About 3 of every 10 cigarettes (31%) smoked by adults are smoked by adults with mental illness.

**1 in 5**  
Nearly 1 in 5 adults (or 45.7 million adults) have some form of mental illness.



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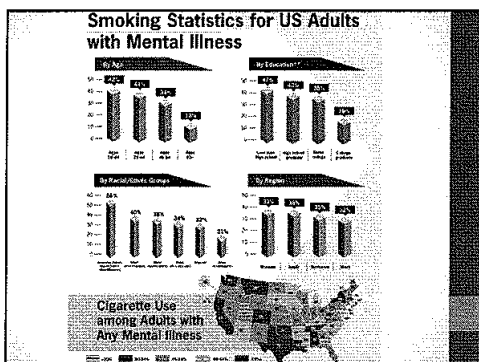
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## The Good News...

**People with mental illness who smoke want to quit and are able to quit!**

- Like other smokers, smokers with mental illness are interested in quitting, are able to quit, and have a better chance of quitting successfully when they have access to proven stop-smoking treatments.
- With careful monitoring, quitting smoking does not interfere with treatments for mental illness and can be part of the treatment.
- People with mental illness face challenges in quitting smoking and may benefit from extra help to succeed in quitting. This can include more counseling as well as longer use or a combination of stop-smoking medicines.




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## What Can Be Done

**By mental health/substance abuse professionals:**

- Asking their patients if they use tobacco; if they do, helping them quit.
- Offering proven quitting treatments, including tailored quit assistance, to patients who use tobacco (by either referring to NDQuits or providing cessation services in person).
- Making quitting tobacco part of an overall approach to treatment and wellness.
- Monitoring and adjusting mental health medicines as needed in people trying to quit using tobacco.




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## What Can Be Done

**By mental health/substance abuse treatment facilities:**

- Including quitting treatments as part of mental health treatment and wellness.
- Stopping practices that encourage tobacco use (such as not providing cigarettes to patients and not allowing staff to smoke with patients).
- Making their entire campus 100% smoke-free as noted in the *2005 Surgeon General's Report*. Several states are already putting these recommendations in place.




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### What Can Be Done

**By state and community leaders:**

- Helping mental health and tobacco control programs to work together to reduce tobacco use among people with mental illness.
- Encouraging state mental health and addiction agencies to put in place tobacco quitting programs and tobacco-free campuses.
- Supporting sustained, evidence-based tobacco control programs.




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### What Can Be Done

**By people with mental health/substance abuse disorders:**

- Deciding to quit using tobacco right away. The sooner they stop, the sooner their bodies can begin to heal, and the less likely they are to get sick from tobacco use.
- Asking their doctors and mental health treatment providers for help to quit.
- Calling 1-800-QUIT-NOW for free help quitting and going to [www.ndhealth.gov/ndquits](http://www.ndhealth.gov/ndquits).
- Avoiding secondhand smoke; making their home and vehicles smoke-free.
- Supporting friends who are trying to quit.




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### Current work at the DoH

- Partnering with ND Medicaid to enhance face to face and group tobacco cessation counseling and medications options.
- Reaching out to organizations that serve populations with higher tobacco use rates (Community Action, dental safety net clinics, etc.).
- Looking to partners with expertise in mental health/substance abuse treatment and services for insight/suggestions.




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### Discussion

- Thoughts/ideas?
- Additional areas we should explore to enhance tobacco cessation for people with mental health/substance abuse disorders?



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### Contact:

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Tobacco Program Director  
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[kfremming@nd.gov](mailto:kfremming@nd.gov)



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## **REPORT TO THE COUNCIL – July 23, 2014**

### **DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**

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**TBI Services:** Services to individuals with a traumatic brain injury (TBI) continue to be provided via contracts for resource facilitation, informal supports, pre-vocational skills, and social/recreational services. There is an increase in referrals for all of the services.

The Human Services Interim Committee continues to study the comprehensive needs of people with TBI. They have received a great deal of information that will be used to draft a bill, which will be reviewed at their next meeting on July 22. A bill draft was requested at the last hearing to include a TBI registry, expanding resource facilitators to one in each region, a pool of flexible funds, and employment support.

The Mind Matters 2014 Brain Injury Conference was held in Fargo on June 24-25, 2014 and over 100 individuals attended. The panel of individuals with TBI was the most profound session on the agenda.

**System of Care (SOC) Expansion Grant:** DHS received a System of Care (SOC) Expansion Grant on July 1, 2013. The focus of the grant is to develop a trauma-informed system of care in North Dakota. Training on trauma has been included in the child welfare certification training at UND Child Welfare Training Center. The Neuropsychiatric Research Institute (NRI) will be doing the same training at three statewide conferences this year: The Children's Justice Conference the week of July 21<sup>st</sup>, the Fall Behavioral Health Conference on Sept 3, and the North Dakota Conference on Social Welfare on Sept 24<sup>th</sup>. NRI has also conducted training with a group of human service center staff and are providing a learning collaborative of calls with the staff to support implementation of trauma informed care at the human service centers. Work continues with residential child care and psychiatric residential treatment facilities to improve overall care of children placed in the facilities and to strive for sustainable, long-term outcomes post discharge.

**Integrated Dual Disorder Treatment (IDDT):** Statewide expansion of Integrated Dual Disorder Treatment (IDDT) continues. Annual fidelity reviews continue at West Central HSC, South Central HSC, Lake Region HSC, and Southeast HSC and baseline reviews are being done at NEHSC and NCHSC. An intensive consultation will be provided to several centers as well.

**Supported Employment Program (SEP):** The evidence-based model of supported employment continues to be provided in three regions: Fargo, Jamestown, and Bismarck. Fidelity reviews are in process and things are going very well.

**Olmstead:** North Dakota was selected to participate in a virtual Olmstead Policy Academy in July 2013. Draft strategic plans on supported housing, supported employment, and peer support recovery services were reviewed with the Olmstead Commission at the February 2014 meeting and will be incorporated into the state Olmstead Plan. The Commission will review the consolidated plan and begin to prioritize the work. The next Commission meeting is tentatively set for October 16<sup>th</sup>. If the Council is interested in more detail, please let Susan Wagner know.

**Extended Services:** The Extended Services Program assists consumers to maintain the integrated, competitive, community-based employment achieved during their time spent under the Supported Employment Program. The program continues to be at or near capacity. During

the past fiscal year, consumers collectively earned just over \$1 million. Their average wage was \$8.77. For every \$1 spent on intervention, consumers on average made \$1.87.

**PATH:** The Projects for Assistance in Transition from Homelessness (PATH) program nationwide continues to transition its data collection to the Homeless Management Information System. The Division is working with the ND Coalition for Homeless People to obtain licenses for the PATH program. It is planned to use this program and the Division be able to report on its use at the Council's October meeting.

The HEARTH Act requires Continuums of Care programs to utilize a coordinated assessment and referral system. Because the border communities of North Dakota and Minnesota work with many of the same consumers, it was decided that North Dakota CoC would partner with West Central Minnesota CoC to implement a coordinated assessment process. The tool being used is the Service Prioritization Decision Assistance Tool (SPDAT). The SPDAT uses 15 dimensions to determine an acuity score that will help inform professional Housing First or Rapid Re-Housing practitioners about the following:

- people who will benefit most from Housing First
- people who will benefit most from Rapid Re-housing
- people who are most likely to end their own homelessness with little to no intervention on your part
- which areas of the person's life that can be the initial focus of attention in the case management relationship to improve housing stability
- how individuals and families are changing over time as a result of the case management process

This tool will be used primarily by housing providers. Those agencies are referred to as Assessment Points.

The PATH Program, considered an Access Point, will be using The Vulnerability Index – SPDAT (VI-SPDAT). The tool helps identify the best type of support and housing intervention for an individual by relying on three categories of recommendation:

- Permanent Supportive Housing: Individuals or families who need permanent housing with ongoing access to services and case management to remain stably housed.
- Rapid Re-Housing: Individuals or families with moderate health, mental health and/or behavioral health issues, but who are likely to be able to achieve housing stability over a short time period through a medium or short-term rent subsidy and access to support services.
- Affordable Housing: Individuals or families who do not require intensive supports but may still benefit from access to affordable housing. In these cases, the tool recommends affordable or subsidized housing but no specific intervention drawn uniquely from the homeless services world. (In most cases, this amounts to saying simply, "no case management.")

The VI-SPDAT is comprised of 50 yes, no, or refuse questions in four areas:

- History of housing & homelessness
- Risks
- Socialization and daily functioning
- Wellness

Similar to the Full SPDAT, a higher score indicates a more serious issue/situation. For an evaluator familiar with the tool, the assessment should take 10-15 minutes.

Lauren Sauer attended the State PATH Contact meeting in Washington, DC earlier this month. Highlights included:

- PATH grant application will move from annual to biennial submission. There will be an annual update required.
- Opening Doors (Federal plan to end homelessness) has the following goals:
  - End chronic homelessness by 2015
  - End veteran homelessness by 2015
  - End family and youth homelessness by 2020
  - Progress since 2010
    - 16% decrease in chronic homelessness
    - 8% decrease in family and youth homelessness
    - 24% decrease in veteran homelessness
    - First time in history homelessness has been less than 100,000
- Coordinated Assessment: Required by HEARTH Act.
  - HUD is still figuring out the requirement. They will be developing guidance for states.
  - HUD is looking at HIPAA and 42 CFR, Part 2 issues. They have attorneys looking at this issue. This is one of the major concerns for moving PATH into using HMIS.
- Nevada: Has implemented a passport system for homeless individuals. When contacted by outreach, receive an ID card. When they encounter their next service provider, can swipe the card and all of their information is available for the provider, eliminating the need to retell their story. Also able to determine where and when services are accessed.
- Washington State: Issues PDAs to outreach workers, able to gather documentation for PATH while in the field and upload to a database when back in the office.

**Block Grant:** As a reminder, SAMHSA will be conducting a combined review of the block grant programs. This review is tentatively slated for September of 2014. The Council may be asked to take part in the review. The Division will provide more details when available. A new requirement of the block grant is a 5% set-aside for Early Psychosis treatment services. North Dakota will use the set-aside funds to build the infrastructure for first episode psychosis treatment services targeted toward individuals between 15 and 25 years of age. During the 2014-2015 block grant planning period, funding will be used to plan for the implementation of a program and will include the following activities:

1. Identify key stakeholders: It will be important to find the entities positioned to identify individuals experiencing first episode psychosis, those that can provide immediate intervention, and those that can foster long-term recovery. The Division of Mental Health and Substance Abuse Services will identify the key stakeholders needed to implement a first episode psychosis treatment program. Key stakeholders would include but are not limited to education, physicians, parents, etc.
2. Obtain the services of a consultant: This individual – knowledgeable in the evidence base of first episode psychosis and early intervention best practice models – will provide education to the key stakeholders on this topic and facilitate the planning meetings.

3. Convene a meeting(s) of the key stakeholders: Participants will be provided education regarding first episode psychosis and its impact on the target population, early intervention outcomes, and the different models of first episode psychosis intervention and their service- delivery lessons learned. The consultant will lead the group through a self-assessment to gain an understanding of the knowledge, readiness, and resources available and needed to implement first episode psychosis treatment services. Participants will be asked to bring their system data and other information on how they currently interact with the target population. Participants will identify a treatment/ intervention model that will best serve as the basis for North Dakota's program.
4. Development of an Implementation Plan for North Dakota's First Episode Psychosis Treatment Program: The consultant will facilitate the development of a plan to implement a first episode psychosis treatment program in North Dakota.

The set-aside funding during the planning period will be used for consultant services and meeting and training expenses.

**Mental Health Technician Certification:** In order to be able to bill for case aide services, individuals must be certified as a mental health technician. Lauren Sauer administers this certification program for the Department. To date, 759 individuals from 26 different agencies have been certified. The program application forms are being made into fillable pdf documents and will be placed on the Department's webpage along with the training videos. Lauren is working the Department's eLearning coordinator to create electronic training modules for the program.

**Intoxication and Withdrawal Management:** The Department is working with key stakeholders in the Bismarck area to develop a model that can be replicated in other parts of the state. Jails, hospitals, public and private treatment programs, law enforcement, and others are involved in the design. The goal is to develop a model to appropriately and safely treat those who are intoxicated and those that are at risk of withdrawal.

**Prescription Drug Abuse:** The Reducing Pharmaceutical Narcotics in Our Communities Task Force is a group of over 30 public and private organizations coming together to address prescription drug abuse in the state. This partnership offers opportunities to bridge primary care and behavioral health as well as connecting resources between prevention and treatment systems. The four pillars of this group are: 1) Education/Awareness; 2) Law Enforcement; 3) Prescription Drug Monitoring Program; 4) Prescription Drug Take Back Program. Policy discussions have included Good Samaritan laws, prescribing practices, mandatory utilization of the PDMP, expanded capacity to safe disposal, and increased access to naloxone. The Division Director and the DHS Medical Director attended a 50 State summit on prescription drug abuse focusing on prescribing practices. A report will be forthcoming. The Division submitted a proposal to be funded for a policy academy on this topic. Unfortunately there were only ten states funded and ND was not one of them. The plan is to continue to act as if we were funded and hold the stakeholder meetings and work toward a unified plan in North Dakota.

**State Epidemiological Outcomes Workgroup:** The North Dakota State Epidemiological Outcomes Workgroup (SEOW) is a network of over forty individuals representing both private and public organizations that bring analytical and other data competencies to prevention. The mission of the SEOW is to identify, analyze, and communicate key substance abuse and related behavioral health indicator data to guide programs, policies and practices. The SEOW produces a bi-annual Epidemiological Profile, data booklets (<http://www.nd.gov/dhs/services/mentalhealth/prevention/pdf/2013-substance-use-data->

booklet.pdf) and data briefs (including one on prescription drug abuse) in order to communicate the data to stakeholders and community members.

Through North Dakota's Strategic Prevention Framework State Incentive Grant (SPF SIG), twenty-six local community grantees (22 Local Public Health Units and 4 Tribes) are receiving funding to implement the Strategic Prevention Framework and implement evidence-based strategies targeting underage drinking and/or adult binge drinking. Although this funding is not specifically related to prescription drug abuse prevention, the enhancement of local prevention infrastructure, development of skills implementing the SPF process, and formation of new partnerships will be a benefit to prescription drug abuse prevention efforts in the state.

**2014 National Drug Control Strategy:** The White House Office of National Drug Control Policy (ONDCP) released their updated, annual drug control strategy today, July 9<sup>th</sup>. The *Strategy* represents the Obama Administration's recommendations and strategies related to substance abuse and addiction for the coming year. Many of the strategies from the 2013 report have been carried over and enhanced, particularly those related to prescription drug abuse, opioid overdose, and neonatal abstinence syndrome. The 2014 *Strategy* also includes a new action item on supporting regions with new drug problems and limited resources to deal with them. In addition, the *Strategy* adds information on new synthetic drugs including "K-2," "Spice," and "bath salts." Supporting medication-assisted treatment (MAT) and opioid overdose prevention remain critical components of the *Strategy*, as well as strategies to strengthen evidence-based prevention, treatment, and recovery resources. The White House's Office of National Drug Control Policy's report specifically identified issues in the oil patch in the report and said the influx of highly-paid oilfield workers into an area with limited opportunities for spending their money has created a market for drugs and contributed to an overall increase in crime. Heroin and methamphetamine distribution has become especially predominant in the region.